

# South Carolina Department of Disabilities & Special Needs

## Residential Observation Review Tool- July 2018 through June 2019

*This tool is to be used by the Reviewer to determine whether the noted expectation is evident. Information may be discovered from interactions with people who receive services and their staff, by observations, and record review. Observations and other discovery methods such as interactions with residents and staff members, and record reviews should be used to determine if, on the date and time of the review, the noted requirement was "evident," "partially evident," or "not evident." Each section below should be reviewed with people who receive services and their staff. Comments should indicate any individual areas of Best Practice or areas that need additional focus from the provider. Reviewers should be as specific as possible.*

**Name of Location:** \_\_\_\_\_ **Date and Time of Review:** \_\_\_\_\_ **Time Spent On-site for Review:** \_\_\_\_\_

**Reviewer:** \_\_\_\_\_ **Names of Staff Present:** \_\_\_\_\_

**How many Staff are Scheduled to Work this Shift?** \_\_\_\_\_

**How many Staff are Actually Working with People Living in this Home at the Time of the Observation?** \_\_\_\_\_

**Names of People Supported in the Home and Present during the Observation:** \_\_\_\_\_

**Names of People Interviewed during the Observation Visit:** \_\_\_\_\_

Requirement	Suggested Sources for Discovery	Evident	Partially evident	Not evident
<b>1 Health status and personal care needs are known and people are provided the type and degree of CARE necessary to address those needs appropriately.</b> <i>[Supports Basic Assurances® Factors 5A,5B,5C,5D,5E,5F and Factors 2A,2D]</i>	Via interview of people supported, their staff, a review of records, and observation, determine whether or not the following is occurring: <ul style="list-style-type: none"> <li>Medical conditions /health risks are known and needs are adequately addressed as outlined in the support plan.</li> <li>Prescribed medications are known. Potential side effects are known and the actions to take if side effects are noted.</li> <li><b>Risks are identified and addressed appropriately (elopement, self-injurious behavior, seizure activity, etc.)</b></li> <li>Food provided meets the dietary requirements (restrictions, special preparations)</li> <li>People receive routine health care and dental exams.</li> <li>People are referred to specialists for evaluations of seizures, GERD, orthopedic problems, etc.</li> <li>There are no issues with accessing quality care.</li> <li><b>A system is in place to address acute illness promptly and ensure appropriate follow up and staff are knowledgeable about that system.</b></li> <li>Interview people to determine if they:               <ul style="list-style-type: none"> <li>are supported to choose their healthcare providers</li> <li>make their own appointments if they are capable</li> <li>are informed about the medications they are taking and why and possible side effects.</li> <li>People are supported to be clean and well groomed.</li> </ul> </li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments/ Justification for Rating: <i>(Required)</i>  <input type="checkbox"/> Referral to DDSN District Office due to Health Care Concerns.				
<b>2 People are provided the degree and type of SUPERVISION necessary to keep them safe but not unnecessarily restricted.</b>	Through conversation with staff and observation, determine if: <ul style="list-style-type: none"> <li>Staff knows the person's capability for managing their own behavior.</li> <li><b>Person has a plan of supervision.</b> Supervision plans are individualized.</li> <li><b>Staff can describe the plan.</b></li> <li><b>Plan is carried out appropriately.</b> For example, if staff tells you that the person must be visually checked on the hour, observe to see whether or not that occurs and that it is documented as the plan specifies.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<i>[Supports Basic Assurances® Factors 1B,1C,1D, 1E, Factors 2A,2B,2D, Factor 8B, and Factor 9C]</i>	<ul style="list-style-type: none"> <li>• People are not receiving more supervision than they require.</li> <li>• Restrictive plans of supervision are reviewed and approved by HRC.</li> <li>• Ask the person if they were invited to the HRC Meeting to discuss any restrictions.</li> <li>• Ask the person if they have any restrictions in their home because of another resident. If so, are they provided with a means to remove the restriction?</li> </ul>			
Comments/ Justification for Rating: <i>(Required)</i>					
<b>3</b>	<b>People receive assistance with acquisition, retention, or improvement in skills necessary to live in the community, consistent with assessed needs, interests/personal goals.</b> <i>[Supports Basic Assurances® Factors 1B,1C, Factors 2B,2D, Factor 8A,8B, and Factor 9C]</i>	<ul style="list-style-type: none"> <li>• <b>Ask the person to tell you what they are learning and how their goals were chosen. Is training meaningful to them or functional for them? Is it related to their personal goals? Are they learning new skills? Has training resulted in them becoming more independent? What changes, if any have been made in their training?</b></li> <li>• Are equipment/materials available to staff to implement plan?</li> <li>• If applicable, this includes the individual's formal behavior support plan. Determine the staff's knowledge of the content of the plan including the targeted behaviors, interventions and replacement behaviors. Ask staff how they were trained on the behavior support plan.</li> <li>• Are behavioral incidents being documented according to the behavior support plan?</li> <li>• Does data demonstrate progress made with eh Behavior Support Plan?</li> <li>• How often does the behavior support person monitor the plan?</li> </ul>	<b>Evident</b> <input type="checkbox"/>	<b>Partially evident</b> <input type="checkbox"/>	<b>Not evident</b> <input type="checkbox"/>
Comments/ Justification for Rating: <i>(Required)</i>					
<b>4</b>	<b>People are SAFE.</b> <i>[Supports Basic Assurances® Factors 6A,6B,6C,6D, and Factor 9C]</i>	<b>Observe to see if any unsafe conditions are apparent.</b> <ul style="list-style-type: none"> <li>• <b>Ask people if they feel safe in the home. (Record responses below)</b></li> <li>• Are emergency numbers posted/readily available?</li> <li>• Are people trained on emergency procedures? Ask how they would react if a fire, tornado, etc. happened.</li> <li>• Ask staff what their responsibilities are in responding to emergency situations.</li> <li>• Are staff familiar with safety equipment and how to operate it?</li> <li>• Are fire drills conducted with individualized supports if needed (i.e. flashing lights for people who cannot hear the alarm, etc.)?</li> <li>• Have modifications been made to facilitate safety based on person's needs i.e. grab bars, ramps, etc.</li> <li>• Have modifications been made to address any communication barriers and facilitate the resident's understanding?</li> </ul>	<b>Evident</b> <input type="checkbox"/>	<b>Partially evident</b> <input type="checkbox"/>	<b>Not evident</b> <input type="checkbox"/>
Comments/ Justification for Rating: <i>(Required)</i>  <input type="checkbox"/> Referral to DDSN District Office due to Safety Concerns. <b># People interviewed: _____ # People that stated they feel safe in the home: _____</b> <b>List the name(s) of anyone that does not feel safe and reason given: _____</b>					
<b>5</b>	<b>People are treated with DIGNITY AND RESPECT.</b> <i>[Supports Basic Assurances® Factors 1B,1C,1D, Factors 2A,2B,2D, Factor 8A,8B, and Factor 9C]</i>	<ul style="list-style-type: none"> <li>• <b>Ask the residents: Are people listened to and responded to promptly?</b></li> <li>• <b>Ask the residents: Do staff speak to you in a respectful manner?</b></li> <li>• Is there interaction between staff and the people who receive services?</li> <li>• Are people addressed in their preferred way?</li> <li>• Are people extended the same courtesies that anyone would expect?</li> </ul>	<b>Evident</b> <input type="checkbox"/>	<b>Partially evident</b> <input type="checkbox"/>	<b>Not evident</b> <input type="checkbox"/>

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	2A,2B,2C,2D,2E,Factor 7E, and Factor 8A,8B,8C]	<ul style="list-style-type: none"> <li>Are personal needs attended to in private?</li> <li>Do people feel they are listened to?</li> <li>Do supports provided emphasize people's capabilities rather than their disabilities or differences?</li> <li>Are people provided meaningful activities and training opportunities?</li> <li>Are people supported to dress, style their hair, the way they prefer?</li> </ul>			
Comments/ Justification for Rating: <i>(Required)</i>					
6	<b>People are supported to learn about their RIGHTS and exercise the rights that are important to them.</b> <i>[Supports Basic Assurances® Factors 1A,1B,1C,1D, Factors 2B,2D, Factor 8A, 8B, 8C, 8D,8E, and Factor 9A]</i>	<ul style="list-style-type: none"> <li><b>Ask staff if they are trained to respect people's individual rights.</b></li> <li><b>How is knowledge of rights assessed and how do they provide training and support to promote rights and responsibilities for each person in the home?</b></li> <li><b>Ask people if they know what their rights are and if anyone has ever talked with them about rights.</b></li> <li>Ask people how their money is handled and whether or not they are satisfied with the process. Do they know how much money they earn or where their funds come from? Do they know where it is kept and how to access it?</li> <li>Are people able to access personal possessions?</li> <li>Do people have access to money/belongings and a place to secure them?</li> <li>Do they have a key to their room and the house if they so desire?</li> <li>Observe to see if people move freely throughout the home.</li> <li>Are there locks on cabinets, pantries, etc.?</li> <li>Are people supported to have choices (bedtimes, mealtimes, activities, etc.)?</li> <li>Do people have opportunity for privacy?</li> <li>Can they spend time alone if they so desire?</li> <li>Can they have visitors when they want to and according to House Rules?</li> <li>Is information about the person kept confidential?</li> <li>Are people encouraged to advocate for themselves?</li> <li><b>If rights are restricted, is Due Process afforded through the Human Rights Committee?</b></li> <li><b>Do people attend Human Rights Committee meetings and actively participate in decisions that affect them? How do you know?</b></li> <li><b>Did the residents create the House Rules?</b></li> </ul>	Evident <input type="checkbox"/>	Partially evident <input type="checkbox"/>	Not evident <input type="checkbox"/>
Comments/ Justification for Rating: <i>(Required)</i>					
7	<b>Staff know and implement the procedures for ABUSE and people are supported to know what abuse is and how and to whom to report it.</b> <i>[Supports Basic Assurances® Factors 4A, 4B, 4D, and Factor 7c,7D]</i>	<ul style="list-style-type: none"> <li><b>Do staff know what constitutes abuse and how to report? Does training include prevention? Are people who receive services trained on abuse?</b></li> <li>Ask if people know what abuse is. What would they do if they were abused? Would they know how to report? To whom would they report?</li> <li>Ask staff what happens when abuse occurs? Does the person who is abused receive appropriate follow-up (medical care, counseling, information about the resolution)?</li> <li><b>Specific questions for each staff present: (Record response in comments below. A "no" response require additional details.)</b>  <b>1) "Do you have confidence your training, agency's policies, and supervision have prepared you to engage consumers in a therapeutic manner to both minimize the risk of consumers' behaviors escalating and deescalating consumers' behaviors if elevated?"</b> </li> </ul>	Evident <input type="checkbox"/>	Partially evident <input type="checkbox"/>	Not evident <input type="checkbox"/>

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		<p>2) "Do you have confidence your training, agency's policies, and supervision have prepared you to effectively physically redirect or restrain a consumer whose behavior has escalated to the point you have to take action?"</p> <p>3) "Do you feel you clearly understand the line between appropriate use of physical contact to redirect or restrain a consumer with escalated behavior where you have to take action and the types of physical force that could expose you to criminal liability?"</p>			
Comments/ Justification for Rating: <i>(Required)</i>					
<input type="checkbox"/> Report initiated to SLED for allegation of ANE. Date and Time of Report to SLED: _____					
<b>8</b>	<p><b>The provider has a process to determine whether or not people are SATISFIED with services?</b></p> <p><i>[Supports Basic Assurances® Factors 2B and Factor 8A,8B]</i></p>	<ul style="list-style-type: none"> <li>Ask staff how they know whether or not the people they work with are satisfied with the services they provide them.</li> <li>What concerns have been expressed?</li> <li><b>Ask staff and people served to explain the process for expressing a complaint.</b></li> <li><b>Ask people if they have had a complaint and what they did about it. Was it resolved in a timely manner and to their satisfaction?</b></li> <li>Determine if the supports provided are meeting the expectations of the people served.</li> </ul>	Evident <input type="checkbox"/>	Partially evident <input type="checkbox"/>	Not evident <input type="checkbox"/>
Comments/ Justification for Rating: <i>(Required)</i>					
<b>9</b>	<p><b>STAFF can describe their roles and responsibilities in supporting people.</b></p> <p><i>[Supports Basic Assurances® Factors 5D,5E,5F, Factor 7D,7B,7C, 8B, 8C, and 9A]</i></p>	<ul style="list-style-type: none"> <li><b>What do staff view as their most important responsibility?</b></li> <li><b>Do they view themselves as care givers or support providers?</b></li> <li>Are staff trained to recognize each person as an individual and to promote dignity and respect?</li> <li>Do they support people in achieving personal goals?</li> <li>Do they offer choice in services/supports?</li> <li>Do they understand confidentiality policies and protect consumer information?</li> <li>Ask staff to describe the training are they provided to assist them in performing their roles. Do they feel they are adequately prepared?</li> <li>Determine the staffs' understanding of what to do in the following situations:</li> <li>Medication assistance</li> <li>Health emergencies involving people</li> <li>Infection control</li> <li>Proper positioning</li> <li>Transportation safety</li> </ul>	Evident <input type="checkbox"/>	Partially evident <input type="checkbox"/>	Not evident <input type="checkbox"/>
Comments/ Justification for Rating: <i>(Required)</i>					

**Reviewer must notify DDSN Quality Management within 24 hours if the aggregate results of this review require additional follow-up from District Offices. Any Health and Safety concerns or allegations of Abuse, Neglect, of Exploitation must be immediately reported. The telephone number to report allegations of ANE is 1-866-200-6066.**